

An advocacy piece outlining counterarguments to several common anti-recovery arguments

Fighting for Recovery

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I'm aggravated that the recovery movement that has brought so much hope and positive reforms to a mental health system so desperately in need is again being attacked with an irrational argument supplemented by misleading assertions.

The irrational argument: Because some people don't recover, the recovery movement should be stopped.

No approach to anything requires a 100% success to be implemented. At best pills help about 70-80% of the time and we don't urge stopping them because some people don't respond to them. Not everyone learns in school, some people can't read and some people can't see or hear TV. That doesn't mean schools, books, and TV shouldn't be widespread.

There are some people for whom the recovery model seems a bad idea - people who are repetitively seriously dangerous, predatory people, people with severe brain damage or mental incapacity, and people incapable of any human relationships. This is a very different group and a much smaller group than the group this article discusses - people who don't believe they have a biochemical illness, "lacking insight," and people who won't do what other people want them to do, "noncompliant". Those two sets of people are failures of our existing medical system, not the recovery model. I spend my life focusing on working with precisely those people (low insight and compliance) in a recovery program and we have very high success rates including reductions of over 70% in homelessness, jailing, and hospitalizations, increases in independent housing, family reunification, and working along with very low dropout rates. Those people (low insight and compliance) are the main group of people who will benefit from more recovery based programs, not a reason not to use recovery.

Misleading assertion 1: The recovery movement neglects people with severe mental illnesses. The core focus of the recovery movement is people with severe mental illnesses. It is people who have suffered the most loss and suffering in their lives who most need a person centered approach instead of an illness centered approach. For them mental illness is not just a medical condition needing medical care, it is a profoundly destructive experience needing recovery. Recovery is for people who don't respond to just treatment alone, not for people who respond very well to treatment first. The vast majority of the recovery based strategies are specifically directed towards people with severe mental illnesses including - outreach and engagement, trauma sensitive inpatient treatment, housing first, harm reduction, motivational interviewing, integrated substance abuse treatment, supported housing, employment, and education, skills training and psychosocial rehabilitation, clubhouses, self help and consumer staff, building protective factors and resiliency, and strengthening families.

Misleading assertion 2: The recovery movement rejects biochemical understandings of mental illnesses. Many people in recovery do approach their conditions biochemically. Very few approach it only biochemically. "Take your meds and shut up" is not a complete treatment approach for hardly anyone. A much more holistic, quality of life goal driven, strengths based approach that includes avoiding isolation, emotional coping, employment, activities outside of mental health, forgiveness and acceptance, peer support and giving back is needed despite the non-biochemical nature of those approaches. The recovery approach also embraces and connects with people who view their conditions in other paradigms besides biochemical "meeting them where they're at" - including psychological, emotional, trauma induced, interpersonal, social, poverty, spiritual, and other cultural paradigms. That's why we can help people "lacking insight". Some of those people, now engaged, include the old antipsychiatry "survivor" movement. Some of them have moved from aggressive outsiders to collaborative coworkers even creating consumer run programs. Unless you are a professional guild or a public workers' union, how is that a bad thing? Remember that the standard system doesn't offer any services to over half of people with mental illnesses a good deal because it insists on biochemical paradigms as a prerequisite to treatment. Recovery is more accessible and inclusive.

Misleading assertion 3: Recovery is anti-medication. Many people use medications as part of their recoveries, but they have a choice just like people with physical illnesses. If you have high blood pressure you may want to use pills, at least for awhile, and/or you may want to exercise or diet, or you may want to live with your condition and its risk of stroke and heart attacks because of side effects, or even just because you don't like doctors. In contrast, anyone who doesn't agree to take psychiatric meds "they "need for the rest of their lives" is labeled as "noncompliant" and shunned in our current system. Recovery favors a collaborative, goal driven, client driven approach to "using" medications, instead of a professionally driven, compliance based, symptom reduction based approach to "taking" medications. Many people who don't agree they have a mental illness and don't like following orders, can find their way to using medications to improve their lives if they have a psychiatrist willing to collaborate with them. In many cases it is the system that needs to be committed to helping the person more than the person needs to be committed to working with the system. Recovery is an improvement in accessibility and customer service. Dropouts go way down.

Misleading assertion 4: Recovery eliminates involuntary treatment. Most people in the recovery movement believe that involuntary treatment is occasionally absolutely necessary. However, most people presently treated involuntarily today, could and should be more humanely and effectively treated in voluntary, trauma informed, welcoming, accepting crisis programs that include consumer staff. It only looks like we have too few involuntary treatment resources because we have almost no recovery based voluntary treatment resources. None of the horror stories of desperate people being turned away by hospitals included those people being offered anything else as a meaningful alternative. Involuntary treatment, even when it is effective and necessary, is a violation of human rights, usually highly traumatizing, and destructive of relationships with the mental health system overall. So we shouldn't use it for social disruption, poverty and homelessness, avoiding responsibility, or frustration by staff and family that someone is not doing what they're told to do. There should be highly restrictive usage. Also having coercive power over someone else is corrupting and damaging to the staff, family,

and society that uses it. Locked hospitals have a way of becoming dehumanized, burned out, hopeless places for everyone involved. Recovery programs have higher staff morale and hopefulness.

Irrational conclusion: Because we can find a heartwarming story of someone's recovery that included involuntary treatment and medications, the present system is working and should be defended against the threat of the recovery movement.

Our present system is not "all bad" nor are the people working in it evil and unhelpful. Sometimes recovery does result from our current efforts. Everything we're doing doesn't need to be changed. (Sometimes recovery results from placebo too.) That doesn't mean we should stop trying to improve things. We all deserve a better approach and system to work with. The recovery movement has developed better approaches and continues to learn and implement new strategies.

The recovery movement is actively fighting for positive reforms. Please join us.